

## Form Filing Checklist -- Individual Health

### DISCLAIMER

*The form filing checklists are intended only as guides for submitting various policy forms to the Office of the Commissioner of Insurance. The checklists are summaries, and are not intended as an OCI directive nor to interpret or address technical legal questions. Use of these checklists does not guarantee automatic approval of policy form submissions. Although efforts have been made to ensure that the checklists are current and accurate, information is subject to change on a regular basis without prior notice.*

The cites in the second column reference Wisconsin statutes unless they begin with “Ins” which indicates an administrative code [regulation]

### REQUIRED ITEMS FOR A COMPLETE FILING

Required	Reference	Comments
Filing Transmittal Form	601.42 (1) Ins 6.05	Submit separate form for each form substantially identical to Appendix B, s. Ins 6.05, Wis. Adm. Code
Cover Letter		Include a brief explanation of use and intent of the form filing, or that identifies amendments to prior policy form submissions
Certificate of Compliance	Ins 6.05	Substantially identical to Appendix A, s. Ins 6.05, Wis. Adm. Code, signed by an officer of the insurer
Certificate of Readability	Ins 6.07	Form that meets the minimum standards under s. Ins 6.07, Wis. Adm. Code, signed by an officer of the insurer
Authorization to file on insurer's behalf	Ins 6.03(3)(a)	
Rate Filing	Ins 3.13(6)(a)	Schedule of rates and anticipated loss ratio on an earned-incurred basis

**ALL INDIVIDUAL ACCIDENT & HEALTH COVERAGES** Product Category and Product Code: Individual Accident & Health; Health Maintenance Organization (CVN, OTH, IAH, IDT, PHC, POS, VCO); Limited Service Health Organization (ICP, IDT, IMN, IVC, OTH); Preferred Provider Plan (IAH, IDT, PHC, POS, OTH, VCO)

Review Requirements	Reference	Comments
<b>Face Page</b>		
Corporate legal name	631.31 & 631.64	Full corporate name on face page of policy, full address somewhere in policy
Right to return policy	631.32 & 632.73, Ins 3.13(2)(j)2	10 day “free look” period
Several liability	631.31 & 631.41	If two or more insurers together issue the policy
Renewability	Ins 3.13(2)	Policy that is not guaranteed renewable must set forth the conditions under which the policy may be renewed
Important Notice	Ins 3.28(5)(d)	Notice required on front of policy, concerning statements made in the application
Claim Methodology Disclosure	Ins 3.60(5)	If insurer settles claim based on specific methodology, certificate must include notice on first page of certificate
Riders & Endorsements	Ins 3.13(3)	Notice Requirements
<b>General Contract</b>		
Entire Contract	631.11	
Notice of right to file a complaint	631.28, Ins 6.85 (4)	Notice described under Ins 6.85, Appendix 1 or 2, Wis. Adm. Code.

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Premium increase	631.36(4)	60-day notice of premium increases greater than 25%
Termination	631.36(4) & (5)	
Definition of claim methodology	Ins 3.60(5)	Policy should disclose when percentile is 70% or less of UCR or RBRVS methodology
Notice and proof of loss	631.81	Notice or proof of loss is furnished as soon as reasonably possible & w/in one year of time required by policy
Limitation of actions	631.83(1)(b)	Action must be commenced w/in 3 years of when proof of loss was required to be furnished
Assignment and Change of Beneficiary	632.71, Ins 3.30	
Reinstatement	632.74	Waiting periods for illness not allowed; required if policy terminates for nonpayment
Permitted Provisions	632.77	
Prohibited Provisions	632.75	Prohibition of exclusion from coverage of certain dependent children
Incontestability	632.76(1)	Policy is incontestable after 2 years, except for fraudulent misrepresentation
Preexisting Condition	632.76(2), Ins 3.28(6)	If existence of pre-existing condition is disclosed on application, pre-existence defense cannot be used (unless it is excluded from coverage by name)
Grace period	632.78	7 day for weekly premium, 10 days for monthly, 31 days for all other policies)
Restrictions on Health Care Services	632.87	Requires exclusion of health care practitioners
Exclusions & Limitations	Ins 3.28(6)f	Pre-existence defense, waiting periods, benefit maximums & other limitations
Conversion	632.897	Divorce and annulment
Subrogation	<u>Rimes</u>	
Arbitration	631.85	
Mandatory Arbitration Prohibited	631.83(3)(c)	Policy may not provide that no action may be brought
<b><u>Wisconsin Mandated Benefits</u></b>		
No prior authorization for emergency room use	632.85	If the policy covers health care expenses, it may not require prior authorization for emergency room use
Coverage of drugs and devices	632.853	If the policy covers health care expenses and certain prescription drugs or devices, it shall develop an appeal process for which a physician can request an exception
Experimental treatment	632.855	Policies that limit coverage of experimental treatment shall define the limitations in any agreement, policy, or certificate of coverage
Chiropractic services	632.87(3)	Coverage of services received from a chiropractor
Dentist services	632.87(4)	If the policy covers treatment of a condition by another health care provider, it may not exclude coverage for treatment of a condition by a licensed dentist within the scope of the dentist's license,
Nurse practitioner	632.87(5)	If the policy covers papanicolaou test, pelvic exams, and associated laboratory fees performed by a licensed physician, it must cover these services when performed by a nurse practitioner.
Handicapped children	632.88	Every hospital or medical expense policy that provides coverage for dependent children must provide an extension for handicapped children
Complications of pregnancy	Ins 6.55(4)(b)(5)	Complications of pregnancy must be treated the same as any other illness or sickness under the policy

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**REQUIREMENTS FOR INDIVIDUAL HEALTH INSURANCE PLANS** (defined as disability insurance policy under s. 632.895 (1) (a), Wis. Stat.) Product Category and Product Code: Individual Accident & Health (ALL, CAN, CVN, DTL, FRC, HSM, OTH, MAM, PHC, SPD, VOC); Health Maintenance Organization (OTH, IAH, IDT, PHC, POS, VOC); Limited Service Health Organization (ICP, IDT, IMN, IVC, OTH); Preferred Provider Plan (IAH, IDT, PHC, POS, OTH, VCO) [Does not apply to AON, ADD, DIN, HIN, SSA or TAC]

<b>Review Requirements</b>	<b>Reference</b>	<b>Comments</b>
<b><u>Additional Mandated Benefits</u></b>		
Home health care	632.895(1)(2)	Every hospital or medical expense policy that provides coverage for dependent children must provide an extension for handicapped children
Skilled nursing care	632.895(3)	If the policy provides coverage for hospital care, it must provide for 30 days of coverage per skilled nursing home confinement
Kidney disease treatment	632.895(4)	If the policy provides hospital treatment coverage, it must provide a \$30,000 annual kidney disease benefit (i.e., dialysis, transplantation, donor related services)
Newborn coverage	632.895(5) and Ins 3.38	Coverage of newborn of insured from moment of birth
Congenital Defects & Birth Abnormalities	632.895(5)	Policies must treat as accident or sickness and cover function repair or restoration
Grandchildren coverage	632.895(5m)	If the policy provides coverage for any child of the insured, it must provide the same coverage for all children of that child until that child is 18 years of age
Diabetic coverage	632.895(6)	If the policy provides coverage for diabetes, it must cover installation and use of infusion pump, all other equipment and supplies for diabetes, including insulin
Mammograms	632.895(8)	If the policy provides coverage for women over age 45, it must cover 2 mammograms for women age 45-49, annual mammograms for women 50 or older [Does not apply to SPD or LSHO]
HIV drugs	632.895(9)	If the policy provides coverage of prescription medication, it must provide coverage of drugs for the treatment of HIV [Does not apply to SPD or LSHO]
Lead poisoning screening	632.895(10)	Coverage for blood lead test for children under 6 years of age [Does not apply to SPD or LSHO]
Temporomandibular disorder (TMJ or TMD)	632.895(11)	If the policy provides coverage for diagnostic and surgical procedures for treatment of bone, joint, muscle or tissue, it must cover TMJ [Does not apply to policies that only cover dental care]
Facility charges and anesthetics for certain dental care	632.895(12)	Coverage of charges and anesthetics provided in conjunction with dental care for children under age 5, individual with disability, or individual with medical condition that requires hospitalization or anesthesia for dental care [Does not apply to policies that only cover dental care]
Breast reconstruction	632.895(13)	If the policy provides coverage of mastectomy, it must provide coverage or breast reconstruction of the affected tissue incident to a mastectomy
Immunizations	632.895(14)	If the policy provides coverage for the dependent of an insured, it must provide coverage of appropriate and necessary immunizations for dependent children from birth to age 6 [Does not apply to SPD, hospital or surgical, LSHO or PPP that is not defined network plan]
Adopted children	632.896	If the policy provides coverage for dependent children, it must provide coverage for adopted children or children placed for adoption with the insured [Does not include HIN]

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**ADDITIONAL REQUIREMENTS OF INDIVIDUAL HEALTH INSURANCE** Product Category or Product Code: Individual Accident & Health (ADD, DTL, FRC, HIN, HSM, OTH, MAM, PHC, SPD, VOC); Health Maintenance Organization (OTH, IDT, IAH, PHC, POS, VCO); Limited Service Health Organization (ICP, IDT, IMN, IVC, OTH); Preferred Provider Plan (IAH, IDT, PHC, POS, OTH, VCO)

Review Requirements	Reference	Comments
Grievance procedure	632.85, subchs II, ch. Ins 18	<a href="http://oci.wi.gov/bulletin/0402iro.htm">BULLETIN April 26, 2002 http://oci.wi.gov/bulletin/0402iro.htm</a>
Independent Review procedure	632.835, subchs III, ch. Ins 18	<a href="http://oci.wi.gov/bulletin/0402iro.htm">BULLETIN April 26, 2002 http://oci.wi.gov/bulletin/0402iro.htm</a>

**REQUIREMENTS OF INDIVIDUAL DEFINED NETWORK PLANS, LIMITED SERVICE HEALTH ORGANIZATIONS, OR PREFERRED PROVIDER PLANS** Product Category: Health Maintenance Organization (HMO); Limited Service Health Organization (LSHO); Preferred Provider Plan (PPP).

Review Requirements	Reference	Comments
<b>Definitions</b>		
Enrollee	609.01(1d)	
Managed Care Terms	Ins 9.38(1)l	Geographic Service Area, Emergency Care, Urgent Care, Out-of-Area Service, Dependent, Primary Provider
Participating Provider	609.01(3m)	
Primary Care Physician & Primary Provider	609.01(4m) & (5)	
<b>Covered Services</b>		
Primary Care Provider	609.05(2)	Requirements for designating primary care provider (PCP) and for obtaining services from PCP when reasonably possible
Referrals	609.05(3)	Requirements for obtaining referral from PCP
No referrals for Ob/Gyn Services	609.22(4m) (2)	Written statement in policy or certificate
Second Opinions	609.22(5)	May be limited to another participating provider
Dependent Student	609.655	Coverage of outpatient nervous and mental disorders if student attending school located within state but outside geographic service area, if services would be covered within geographic service area
Disclosure of Procedures	Ins 9.38(4)	Referral, second opinion, notification of emergency room usage

**SPECIFIC REQUIREMENTS FOR INDIVIDUAL LIMITED POLICIES** Product Category or Product Code: Individual Accident & Health (AON, ADD, CAN, DIN, SPD or TAC)

Review Requirements	Reference	Comments
Policy Caption	Ins 3.13(2)(h)	Limited Policies – Must indicate “ <b>This is a Limited Policy</b> ”
Policies Sold to Medicare-Eligible	Ins 3.39(9)	Designation, such as <i>Hospital confinement indemnity coverage</i> , or <b>SPECIFIED OR RARE DISEASE LIMITED POLICY</b> , on cover page
Disclosure Statements	Ins 3.39(9)& Appendix 8	Disclosure statements required for limited policies marketed to the Medicare eligible

**APPLICATION REQUIREMENTS** Product Category and Product Code: Individual Accident & Health; Health Maintenance Organization (CVN, OTH, IAH, IDT, PHC, POS, VCO); Limited Service Health Organization (ICP, IDT, IMN, IVC, OTH); Preferred Provider Plan (IAH, IDT, PHC, POS, OTH, VCO)

Review Requirements	Reference	Comments
Certificate of Compliance	Ins 6.05	Signed by officer of the insurance company (When application is filed separate submission)
Readability	Ins 3.13(4)(c)	10-point type
Corporate Name	631.20(2)	Include legal name of company on application
No Misleading Language	631.20(2)	Complex language or vagueness

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Replacement	Ins 3.29(5)	Yes/No question
Suitability	Ins 3.27(7)	When sold w/o agent
General Health Questions	631.20(2)	Tests, hospitalizations, or surgeries must be scheduled or completed
General Health Statements Made in Application	Ins 3.28 (3)	
Genetic Testing	631.89	No questions regarding genetic testing & no requirement for testing
Authorization	Ins 3.53(4)(b)	Consent form required, if authorization for HIV testing is included in application
AIDS/HIV Questions	631.90 & Ins 3.53(4)	Disclose that reporting of HIV test results limited to FDA-licensed test & consumer need not report results of tests conducted at anonymous counseling & testing site or through use of home test kit
AIDS/HIV Disclosure	631.90 & Ins 3.53	Disclose that AIDS/ARC must be diagnosed and/or treated by a member of the medical profession
Personal medical information disclosure authorization	610.70(2)	If form authorizes disclosure of personal medical information, specific information must be included in disclosure authorization

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